

SCHEDULE 1 (Form 9):**Statement of Receipts and Disbursements**

(Refer to Form 9 Instructions to Complete SCHEDULE 1)

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Past	Present			Future		
	Actual Results Prior Period:	Budget Period Just Ended:	Actual Results	Deviation from Budget Column C minus Column B	Deviation as Percent Column D divided by Column B and multiplied by 100	Budget Current Year / /20	Change Requested Column E minus Column C
1 Start Date of each Period:	/ /20	/ /20				/ /20	
2 End date of each Period:	/ /20	/ /20				/ /20	
Receipts (Money Received):							
3 Retirement and Disability Income							
4 Annuities, Structured Settlements, and Trust Income							
5 Wages and Earned Income							
6 Investment and Business Income							
7 Other Receipts (Attach Schedule)							
8 Total Receipts (add lines 3 through 7)							
9 Assets/Liabilities as Receipts (see instructions)							
10 Total Income included in Receipts (line 8 minus line 9)							
Disbursements (Money Spent):							
Spent for Protected Person:							
11 Food, Clothing, and Shelter							
12 Medical Costs							
13 Dignity Funds							
14 Debt Service on Liabilities							
15 Discretionary Expenditures							
16 Other for Protected Person (Attach Schedule)							
17 Total for Protected Person (add lines 11 through 16)							
Spent for Administrative Fees & Costs:							
18 Fiduciary Fees and Costs							
19 Fiduciary's Attorney Fees and Costs							
20 Protected Person's Attorney Fees and Costs							
21 Other Administrative Fees and Costs (Attach Schedule):							
22 Total Administration (add lines 18 through 21)							
23 Total Disbursements (add lines 17 and 22)							
24 Assets/Liabilities as Disbursements (see instructions)							
25 Total Expenses in Disbursements (line 23 minus line 24)							
26 Total Surplus/(Shortfall) (line 8 minus line 23)							
27 Net Income/(Net Expenses) (line 10 minus line 25)							